## RECEIVED CENTRAL FAX CENTER

DEC 0 7 2004



## **Facsimile**

Our File:

9-15504-1US (MRW/ma)

Confidentiality Message

This communication sent by facsimile is confidential, may be privileged and is intended for the exclusive use of the addressee. Any other person is strictly prohibited from disclosing, distributing or reproducing it. If the addressee cannot be reached or is unknown to you, please inform us immediately by telephone (613) 230-6072 at our expense and delete this message and all copies. Thank you.

Number of pages including cover letter:

13

Date:

December 7, 2004

From:

Max R. Wood

Telephone:

(613) 780-8681

E-mail:

mwood@ogilvyrenault.com

		<b>G</b> OLDEN	
ART UNIT 2117 Examiner: THAI, HANH B.	United States Patent Office – Facsimile Centre	Alexandria, VA	(703) 872-9306

Ře:

Serial No.

09/987,828

Inventor(s):

Omid Mcdonald

Title:

IDENTIFYING CHANGED RECORDS IN A FILE STORED ON AN

ELECTRONIC TOKEN

Response to Office Action of September 7, 2004 attached.

		u.s. Pa sons are required to rescond to a color Application Number	Appro Appro ent and Tradem	ved for use through ark Office; U.S. D	ph 07/31/2006, OMB 0651-0031 EPARTMENT OF COMMERCE WE & Valid OMB control number	
Under the Paperwork Reduct	ion Act of 1995, no pet	Application Number	SION OF HUMAN	09/98	7,828	
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing Date		Novembe	16, 2001	
		First Named Inventor		Omid McDonald		
		Art Unit		2171		
		Examiner Name		THAI, HANH B.		
		Attorney Docket Number	9-15504-1US			
Total Number of Pages in This		2 Attorney Dockst Names		8-130	04-100	
Total Number of Fages III		NCLOSURES (Check all	that apply)		TC TC	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Aftidavits/der Extension of Time R Express Abandonm Information Disclost Certified Copy of Pr Document(s) Reply to Missing Pr Incomplete Applica Reply to Mi	claration(s) lequest ent Request ure Statement riority	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	on Address	Appeal Cof Appeal Appeal Co	wance Communication to TC communication to Board is and Interferences communication to TC lotics, Brief, Reply Brief) any Information etter actosure(s) (please identify	
	FIGNATI	URE OF APPLICANT, ATT	ORNEY, O	R AGENT		
Film Namo						
Firm Name Ogilv	y Renault					
Signature	She We					
Printed name Max I	R. Wood		I D-a N-			
Date Dece	December 7, 2004 Reg. No. 40,388					
	CE	RTIFICATE OF TRANSMI			nlted States Postal Service with Alexandria, VA 22313-1450 on	
enfficient postage as mist	class mail in an env					
I hereby certify that this of sufficient postage as first the date shown below: Signature	class mail in an env	4				

This collection of Information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete the complete depending upon the individual case. Any comments on the gathering, preparing, and submitting the complete that form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and amount of time you require to complete this formation. All the complete the formation of the unit of the complete the complete the complete this purpose. The complete the unit of the uni

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.